

1.0979

NOV 8 '49

# CALIFORNIA'S HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH  
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY  
SAN FRANCISCO 2, 760 MARKET STREET

ENTERED AS SECOND-CLASS MATTER JAN. 25, 1949, AT THE POST OFFICE AT SAN FRANCISCO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE APPROVED FOR IN SECTION 1103, ACT OF OCT. 3, 1917.

WILTON L. HALVERSON, M.D.  
DIRECTOR OF PUBLIC HEALTH

## STATE BOARD OF PUBLIC HEALTH

DR. CHARLES E. SMITH, President  
San Francisco

DR. SANFORD M. MOOSE  
San Francisco

DR. JAMES F. RINEHART, Vice President  
San Francisco

DR. ERROL R. KING  
Riverside

DR. ELMER BELT  
Los Angeles

DR. SAMUEL J. McCLENDON  
San Diego

DR. HARRY E. HENDERSON  
Santa Barbara

DR. WILTON L. HALVERSON,  
Executive Officer  
San Francisco

VOLUME 7, NUMBER 6

SEPTEMBER 30, 1949

ANN WILSON HAYNES, Editor  
JEROME GROSSMAN, Assistant

## The Problem of Diabetes

BENNO K. MILMORE, M.D., M.P.H., Diabetes Consultant  
Chronic Disease Service, California Department of Public Health

A glance at the list of the 10 leading causes of death in California in 1948 shows the importance of certain chronic diseases from the standpoint of mortality. Diabetes accounted for 2,187 deaths.<sup>1</sup> This number represents 2.2 per cent of all deaths in California in 1948. In 1947, the latest year for which national mortality statistics have been published, 37,515 persons died of diabetes.<sup>2</sup> Diabetes stood in ninth place on the national death scene, being responsible for 2.6 per cent of all deaths in the United States.

The increase in diabetes mortality in California during the period 1910 to 1948 is shown in the accompanying table. Although California's crude death rate for all causes dropped from 13.5 to 9.5 per thousand during this interval, the diabetes death rate increased from 15.9 to 21.1 per hundred thousand. The number of diabetic deaths rose from 378 in 1910 to 2,187 in 1948. Deaths from diabetes, expressed as a percentage of deaths from all causes increased from 1.2 to 2.2. Since in approximately two-thirds of all diabetics the onset of the disease occurs after the age of 40,<sup>3</sup> the major portion of this relative increase of diabetes mortality may be credited to the aging of the popula-

tion. Diabetes mortality figures for the entire United States indicate a similar trend.

Deaths from diabetes are an important indication of the extent of the problem, but do not fully describe it. Consideration must also be given to its prevalence and resulting disability. Available estimates of diabetes prevalence show poor agreement. De Porte<sup>4</sup> in a survey of Essex County, New York, in 1929 reported 154 cases of diabetes among about 18,000 persons, a prevalence of about 0.86 per cent. On the basis of the National Health Survey<sup>5</sup> conducted in 1935-1936, it was estimated that there were 660,000 diabetics in the United States in 1937, or about 0.37 per cent of the population. This study was based on interviews with family informants, usually housewives. Beardwood<sup>6</sup> in 1944 reported 357 diabetics among 34,663 persons covered in a house to house canvass in Philadelphia—a prevalence rate of 1.03 per cent.

Several studies of diabetes prevalence among inductees were made during the last war. In interpreting these reports it must be borne in mind that the subjects represent an age and sex distribution that is not typical of the entire population. In 1943, Blotner and Hyde<sup>7</sup>

**Diabetes Deaths, Death Rates per 100,000 Population and Diabetes Deaths Expressed as Percentage of Deaths From all Causes  
California, 1910-1948 and U. S. Death Registration Area, 1910-1947**

Year	Diabetes Deaths	California <sup>1</sup>		Diabetes Deaths	U. S. Death Registration Area <sup>2, 3</sup>	
		Diabetes Death Rate	Diabetes as % of all Deaths		Diabetes Death Rate	Diabetes as % of all Deaths
1948	2,187	21.1	2.2			
1947	2,027	20.5	2.1	37,515	26.2	2.6
1940	1,708	24.7	2.1	35,015	26.6	2.5
1930	1,016	17.9	1.5	22,528	19.0	1.7
1920	596	17.4	1.3	14,062	16.0	1.2
1910	378	15.9	1.2	8,040	14.9	1.0



considered 0.5 per cent of 45,650 selectees at the Boston Induction Station to be diabetic. In 1945, Spellberg and Leff,<sup>8</sup> in a study of 32,003 inductees at the New Orleans Induction Station, found only 9, or 0.03 per cent diabetics. In 1946, Blotner<sup>9</sup> reported an additional group of 69,088 selectees at the Boston Induction Station. He estimated that 789 or 1.1 per cent were diabetic. Only 110 of these 789 cases gave a history of diabetes.

The most widely quoted figures on the prevalence of diabetes in the United States at the present time are based on a survey conducted in 1947 by Wilkerson and Krall<sup>10</sup> of the Public Health Service. The study was based on history, urine and blood sugar tests of 3,516 persons in Oxford, Massachusetts. This number represented 70.6 per cent of the entire population of 4,983, with a coverage of at least 60 per cent in every age group except the group under 6 and the group over 75 years of age. A total of 70 cases of diabetes were found. This included 40 previously known cases and 30 cases discovered during the study. For the entire population of 4,983 these 70 cases demonstrate a 1.4 per cent prevalence of diabetes in Oxford (0.8 per cent old and 0.6 per cent new cases). It was felt that every known diabetic in the community was listed. The 30 new cases among the 3,516 persons tested represent a discovery rate of 0.9 per cent. If the same percentage of unknown diabetics applied to the 1,467 persons who were not examined, there were 13 additional undiagnosed cases. If one is willing to make that assumption, the total prevalence of diabetes in Oxford may be said to be 1.7 per cent.

In a multiphasic survey of industrial workers conducted in San Jose, California, in 1948, by the county medical society, and state and local health departments,<sup>11</sup> six previously known and nine previously unknown cases of diabetes were found among 945 persons examined. This screening survey included tests for both urine and blood sugar. Those with suspicious findings were referred to their own physicians for further study. A total prevalence of 1.6 per cent was demonstrated in this group.

With the assumption of a 1.7 per cent prevalence for the entire population,<sup>10, 11</sup> it may be estimated that there are about 170,000 diabetics in California. Approximately half of them are unaware of their disease.

#### **Importance of Early Diagnosis**

The importance of early diagnosis of diabetes can hardly be overemphasized. The undiagnosed patient is untreated and his disease may progress insidiously. All too frequently the diagnosis of diabetes is made only after the appearance of complications such as

coma, blindness, or gangrene. While many aspects of diabetes have not yet been explained, specific therapy has been available for over a quarter of a century. The production of insulin by Banting and Best in 1921 has enabled millions of diabetics throughout the world to lead useful and more lengthy lives. Many mild diabetics can be treated successfully by a physician without the use of insulin. But whether insulin is or is not needed, and this decision must be made by a physician, the prerequisite to treatment is diagnosis.

The improved outlook for treated diabetics since the advent of insulin has been described by the Metropolitan Life Insurance Company in terms of duration of life of patients observed at the George F. Baker Clinic in Boston.<sup>12</sup> For children whose diabetes begins at the age of 10, the average expectation of life increased from 2.6 years during the period 1914-1922 to 45.0 years for the period 1939-1945. For persons 50 years of age at time of onset of their disease, life expectancy rose from 9.5 to 15.9 years. At all ages, the life expectancy of the treated diabetic is now about three-fourths that of the general population. Diabetics who are under medical supervision may now purchase life insurance, albeit at higher rates.

#### **American Diabetes Association**

In an effort to stimulate greater clinical and popular interest in the disease the American Diabetes Association was founded in 1940. It now includes over 1,200 physicians (74 in California) engaged in directing diabetes clinics, treating patients, teaching and conducting research on the disease. The chief objectives of the association are to improve the treatment of diabetes, to bring the newest knowledge of the disease to all physicians, to encourage and support research in the field and to increase knowledge of diabetes on the part of the general public. The American Diabetes Association publishes the *A. D. A. Forecast*, a bi-monthly journal for diabetic patients, *Diabetes Abstracts*, a quarterly professional journal, and its annual *Proceedings*, containing papers given at the meetings of the association. Through its Committee on Diabetes Detection, the A. D. A. started its diabetes detection drive with observance of Diabetes Week, December 6-12, 1948. Of 111,000 urine tests reported up to February 1, 1949, about 5 per cent showed some sugar. Among adults on whom followup blood sugar tests were performed, about 1 per cent proved to be new patients with diabetes.<sup>13</sup>

Unanimous approval of Diabetes Week and the diabetes detection drive was voted by the House of Delegates of the American Medical Association on November 30, 1948, and again on June 5, 1949. The week of October 10 to 16, 1949, has been designated

as Diabetes Week for the current year. In many communities health education programs will be conducted and free urine tests will be offered. The A. D. A. has asked every county and state medical society to form a diabetes committee to establish within their community a diabetes detection program. It is urged that all health agencies cooperate with the local diabetes committee.

The private physician can make a significant contribution to preventive medicine by performing a urinalysis for sugar on all his patients. He is most likely to find diabetes among overweight persons 40 or more years of age, particularly those with a family history of diabetes. He should ask diabetic patients to test their relatives for glycosuria. Persons found to have sugar in their urine should, of course, be referred to a physician for further study. Of 736 relatives of diabetics who were recently tested in Jacksonville, Florida, 4.1 per cent had previous undiagnosed diabetes.<sup>14</sup> It has often been said that the number of recognized diabetics in a community depends on the amount of Benedict's solution used in looking for diabetes.

#### Diabetes Branch of P. H. S.

The Diabetes Branch of the Public Health Service was established in 1946. In addition to the Oxford, Massachusetts, survey described above, it has helped state and local health departments set up diabetes demonstration units in Brookline, Massachusetts; Jacksonville, Florida; Milwaukee, Wisconsin, and Dallas, Texas. To demonstrate the applicability of public health methods to the solution of some of the problems in diabetes control, the Public Health Service has sought several objectives:<sup>15</sup>

1. A study of the prevalence of diabetes;
2. Demonstration units for the development and application of practical methods for:
  - a. Early detection;
  - b. Referral of newly discovered cases to family physicians for treatment;
  - c. Dissemination of information to the public;
  - d. Assistance to physicians in education of patients.
3. Development of simplified laboratory tests and procedures for use in case finding;
4. Stimulation of clinical investigations and research in this problem.

A simplified blood sugar screening test has been devised by Wilkerson and Heftmann of the Public Health Service.<sup>16</sup> Only 0.1 cubic centimeter of blood from the finger tip or ear lobe is required and reagents are in tablet form. The test can be completed in five minutes, indicating whether the blood sugar is above or below the selected screening level. If above, a

standard quantitative blood sugar test should be performed. A convenient kit containing reagent tablets and necessary equipment for screening will soon be available commercially. In interpreting results of this test it must be remembered that this procedure differs in two fundamental ways from the more familiar blood sugar tests on venous blood: (1) It utilizes capillary blood, which is significantly higher in sugar content than venous blood except in the fasting state; and (2) it indicates true glucose values, whereas the Folin-Wu and similar tests indicate the sum of sugar and other reducing substances. The capillary blood test is simple and inexpensive. It can be performed in the physician's office or at the bedside.

#### A California Program

A program for diabetes control in California is now being planned. California members of the American Diabetes Association, state and county medical societies, health officers and other interested individuals are being asked to help formulate the program. By means of public health education a greater awareness of the disease will be fostered. The importance of early diagnosis and the relationship of obesity and heredity to diabetes will be stressed. With the cooperation of the medical profession it may be possible, in some areas, as in the recent multiphasic survey in San Jose, to perform diabetes screening tests on selected population groups. The referral of previously unrecognized cases to physicians will help reduce mortality and disability. Health departments can perform a valuable public service by participating in Diabetes Week, October 10 to 16, 1949, and in the diabetes detection drive throughout the year.

#### References:

- <sup>1</sup> State of California, Department of Public Health, Vital Statistics Records.
- <sup>2</sup> National Office of Vital Statistics, Special Reports, Vol. 31, No. 3, May 1949.
- <sup>3</sup> Joslin, E. P.; Root, H. F.; White, P.; Marble, A., and Bailey, C. C.: *The Treatment of Diabetes Mellitus*. Lea & Febiger, Philadelphia, 1946.
- <sup>4</sup> De Porte, J. M.: *Sickness in Essex County: Survey of Morbidity During 52 Weeks*, Oct. 2, 1929-Sept. 29, 1928, New York State J. Med. 29:1310-1316 (Nov. 1) 1929.
- <sup>5</sup> The Magnitude of the Chronic Disease Problem in the United States: National Health Survey, 1935-1936, Bulletin No. 6, Sickness and Medical Care Series, U. S. Public Health Service, 1938.
- <sup>6</sup> Beardwood, J. T.: Report on Diabetes Survey in Philadelphia, Am. J. Digest. Dis. 11:345-349 (Nov.) 1944.
- <sup>7</sup> Blotner, H.; Hyde, R. W., and Kingsley, L. V.: Studies in Diabetes Mellitus and Transient Glycosuria in Selectees and Volunteers, New England J. Med. 229:885-893 (Dec.) 1943.
- <sup>8</sup> Spellberg, M. A., and Leff, W. A.: Incidence of Diabetes and Glycosuria in Selectees, J. A. M. A. 129:246 (Sept. 22) 1945.
- <sup>9</sup> Blotner, H.: Studies in Glycosuria and Diabetes Mellitus in Selectees, J. A. M. A. 131:1109-1114 (Aug. 3) 1946.
- <sup>10</sup> Wilkerson, H. L. C. and Krall, L. P.: Diabetes in a New England Town, J. A. M. A. 135:209-216 (Sept. 27) 1947.
- <sup>11</sup> Canelo, C. Kelly, Bissell, Dwight, Abrams, Herbert, and Breslow, Lester: Multiphasic Survey—Mass Screening for Several Diseases in San Jose, California. (Submitted for publication.)
- <sup>12</sup> Metropolitan Life Insurance Co. Statistical Bulletin Vol. 28, No. 3 (August) 1947.
- <sup>13</sup> Root, Howard F.: The Diabetes Detection Drive: Diabetes Abstracts 8:51-53 (April) 1949.
- <sup>14</sup> Ford, Malcolm J.: Program of the diabetes demonstration unit in Jacksonville and Duval County, J. Florida M. A. 35:426-427 (January) 1949.
- <sup>15</sup> Wilkerson, H. L. C.: Diabetes discovered, Mass. Health Journal, Vol. 29, No. 2 (July) 1948.
- <sup>16</sup> Wilkerson, H. L. C. and Heftmann, Erich: Screening Method for Blood Glucose, J. of Lab. & Clin. Med. 33:236-238 (Feb.) 1948.

# A Health Department Safety Program

NATHALIE BUCKNALL, Safety Services Coordinator, Los Angeles City Health Department

For several years the Los Angeles City Health Department has been actively engaged in developing a comprehensive home accident prevention program in connection with its routine services to the public. It was felt that this program could be successfully developed without interfering with the normal health activities of the department; that it was badly needed; and that the time had come to establish a clear-cut program pattern.

As a result, safety-in-service education of personnel was inaugurated, followed by a careful survey of divisional activities best suited for the dissemination of safety information to the public. Posters, exhibits, publicity releases, monthly columns in two publications, periodic bulletins, and lectures rounded out the program. Furthermore, a close working relationship was established with agencies active in the promotion of home safety: Included were the American National Red Cross, Children's Hospital, PTA, the city's fire department, visiting nurses groups, and others.

When the Greater Los Angeles Chapter of the National Safety Council entered the field of home accident prevention early in February of this year, the department was invited to participate in the chapter's all-year "operation home safe home" safety program. This program was patterned after its very successful traffic control program—"operation safety"—which has since been accorded national recognition.

The principles of this program were very simple; a group of safety-conscious organizations such as the PTA, women's clubs, the girl scouts, the Children's Hospital, the local chapter of the American National Red Cross, city fire department, Federation of Coordinating Councils, and others, met under the auspices of the local chapter of the National Safety Council to determine the most suitable home accident prevention themes for each month of the year: "Water safety" in June, "hot weather hazards" in July, "home fire hazards" in October, "Christmas Season hazards" in December and so on.

#### **Los Angeles Selects July**

Each cooperating agency then selected one particular month for a concentrated home safety campaign. The over-all planning and successful promotion of such a safety month was to be the full responsibility of the individual agency. The Los Angeles City Health Department decided on the month of July, to call attention to hot weather hazards, since development of this program would not interfere with the routine

health programs which are usually somewhat lighter during the summer.

The first step was the preparation of a comprehensive plan of action. It not only contained the outline of proposed activities; but indicated the divisions best suited for the promotion of certain safety aspects; enumerated the subjects for specialized safety bulletins; contained suggestions for exhibit themes and places (listing general items to be exhibited); and proposed special events.

The plan was sent to all district health officers, divisional directors, and specialized nursing and sanitation supervisors, accompanied by an administrative directive requesting their cooperation and asking for their ideas, suggestions, and criticisms. An announcement was also made in the monthly staff meeting of the department's top personnel.

Meanwhile the subjects for the proposed safety bulletins were confirmed, all stressing specialized hazards of hot weather. In all, 17 brief leaflets covering the following subjects, were prepared:

- Sunbathing—Precautions and First Aid
- Foods in Summer
- Guard Food Values
- Your Baby in Hot Weather
- Your Child in Hot Weather
- Health and Safety in Hot Weather
- Summer Is Here—The Kids Are Home From School
- Home Safe Home
- Safe Swimming in Public Pools
- Water Safety on Vacation
- Beware of Snakes
- Plants You Should Avoid
- Sunstroke and Heat Exhaustion
- First Aid Kits
- Insect Bites
- Animal Bites
- Cuts, Bruises, and . . .

Some of the hazards mentioned in the bulletins occur throughout the year, but are most prevalent during the hot weather months. Six hundred copies of each bulletin were sent out during the month of July. In addition, over 2,000 of those dealing with baby and child summer safety were distributed to the mothers in the 34 well baby clinics of the department's Child Health Division. There were over 250 requests from outside agencies such as the personnel and safety sections of the Pacific Telephone and Telegraph Company, the regional office of the Veterans' Administration, the personnel office of the city's Department of Water and Power, some private physicians' industrial nurses, and

many other similar groups and leaders. The department's budget did not permit distribution to the general public, hence no attempt was made to publicize their availability.

Two city government departments were requested to cooperate by allocating window space for exhibits.

The Department of Water and Power assembled an excellent display from materials, copy and layout supplied by the health department. It stressed child accident prevention and showed, not only actual hazards such as dangerous toys, poison bottles and cans, marbles, needles, pills, matches, but also emergency equipment used at the Children's Hospital. The greatest interest was aroused by the display of a large case, containing objects removed from nose and throat passages of small patients.

The city's public library prepared four effective window displays, built around books available to their readers and utilizing our copy, posters, and leaflets. The themes were "safety at home," "safety out-of-doors," "safety in eating" and "safety in the water." Furthermore the library instructed its numerous branches throughout the city to feature book displays on summer hazards.

### **Polio Courses for Doctors, Nurses, Physical Therapists**

Short term courses in the complete care of poliomyelitis patients for qualified physicians, nurses and physical therapists will be conducted in the Orthopedic Hospital, Los Angeles, beginning November 7, 1949.

Each of the courses is described below. They are open to M.D.'s and registered nurses and physical therapists only.

Registration fee will be \$5 and tuition \$10 per week.

Physicians and nurses who may need financial assistance to attend the course are advised to contact their local chapter of the National Foundation for Infantile Paralysis. Physical therapists should apply directly to the National Foundation for scholarships.

Further information on any aspect of the course may be obtained from the Orthopedic Hospital, 2400 South Flower Street, Los Angeles 7, California.

Here are brief descriptions of the three courses:

#### **Physicians (November 7-11)**

The one-week course will cover the problem of the poliomyelitis patient from onset to optimum recovery with special emphasis on use of auxiliary services by the physician in his management of the case.

#### **Nurses (November 7-18)**

The course for nurses is designed to emphasize the basic principles in planning total nursing care for

The health department's divisions of child health, nutrition, industrial health and sanitation not only prepared and distributed leaflets, but had field staff give personalized advice when on routine home and clinic calls. The Division of Epidemiology prepared leaflets on related subjects and publicized the safety month in the Weekly Morbidity Bulletin. The Nursing Division emphasized summer hazards while visiting homes on sick calls and while on duty at clinics.

The Health Education and Public Information Division prepared numerous spot announcements that were used throughout the month on radio stations. It also prepared a number of press releases that were sent out weekly to the metropolitan and local newspapers.

Several radio talks were given; a number of groups were addressed; and the department participated in a "swimming safety" panel.

As a wind-up of the safety month's campaign, a special breakfast meeting was arranged to acquaint those present with the fact that the Los Angeles City Government is very much interested in safety and year-round safety programs.

the poliomyelitis patient during the subacute and post-convalescent stages. Special attention is given to the correlation of nursing activities with those of other services and agencies which contribute to the planning and execution of balanced care in both the hospital and home.

#### **Physical Therapists (November 7-18)**

The two-weeks' course for physical therapists covers the treatment and problems of the poliomyelitis patient from the subacute stage to optimum recovery with emphasis on correlation of all services concerned with patient care.

### **Youth Conference**

"The Child in His Family and Community" will be the subject of a workshop to be held at Asilomar, California, November 17 to 20, 1949.

Theme for the conference is the same as that of the 1950 White House Conference. Representatives of all groups with an interest in child health and well-being are invited to attend. For further information, contact Mrs. Bartlett Heard, California Youth Authority, 215 Joslin Building, 507 Polk Street, San Francisco.

Driving a car is twice as dangerous in rural areas as in the city areas, according to the National Safety Council. Higher speeds on rural highways account for much of the hazard.

## Health Officers Meeting

The California Conference of Local Health Officers is scheduled to hold its next meeting November 16th and 17th in San Jose.

A half-day meeting of the Health Officers Department, League of California Cities will follow on the morning of November 18th.

In the near future health officers will receive further information about the meeting from conference officers and details about hotel reservations from the San Jose Chamber of Commerce.

The conference meeting could not be held concurrently with the League of California Cities this year as the dates conflicted with those set for the annual meeting of the American Public Health Association in New York.

### About the Polio Recommendations

The "Recommended Practices for the Control of Poliomyelitis" which appeared in the last issue of this publication are, as was reported, the statement of a conference of experts in this field held at the University of Michigan last June. As such they do not have any effect on the present legal regulations of the State Board of Public Health.

However, the practices recommended represent the latest authoritative statement in a field of public health which is undergoing considerable change. The statement is in substantial agreement with present thinking of the California Department of Public Health and can be used as a basis to consider changes in legal regulations for the control of poliomyelitis. Further consideration of these recommendations and possible proposals to the State Board of Public Health will be presented for full discussion at the November meeting of the California Conference of Local Health Officers.

### New Public Relations Book for Public Health Nurses

The first public relations handbook tailored for the specific needs of public health nursing services, governmental and voluntary, has just been published by the National Organization for Public Health Nursing.

Good public relations does not come to an agency automatically or through any magic formula, according to Edith Wensley, who prepared the book under the direction of the organization. Instead, good public relations must be carefully won and just as carefully maintained through sound planning and with the help of everyone connected in any way with an agency.

The book urges every public health nursing service to develop a plan for building sound public relations

and shows how this can be done. It also gives specific suggestions as to how to organize a public relations committee, how to divide an agency's public into 10 major groups, and how to analyze and improve relationships with those groups. Detailed "how-to-do-it's" on publicity technics are included—informal conversation, newspapers, television, radio, letters, annual reports, speeches, meetings, films.

Copies of the book, titled *Building Sound Public Relations*, may be ordered from the National Organization for Public Health Nursing, 1790 Broadway, New York 19, New York. Price is \$1.25.

### San Diego Positions

San Diego County announces examinations for *Supervising Public Health Nurse* and *Physician II* (Tuberculosis Option).

Applications for both positions will be received until further notice.

Further information and application forms are available from the Department of Civil Service and Personnel, Room 402, Civic Center, San Diego, California.

### Occupational Accident Deaths in 1948

Out of every 100,000 workers in the nation, 29 were killed in occupational accidents during 1948.

The National Safety Council states this represents an improvement from a rate of 30 per 100,000 in 1947, and is the lowest occupational fatality rate since these records were started in 1933.

Accident death rates in 1948 were lower than in 1947 for all of the major industries except agriculture. Actual deaths in agriculture increased only slightly, but a drop in the number of employed persons resulted in a rate increase.

Deaths and death rates of workers in major industries in 1948 were:

	Total deaths	Deaths per 100,000 workers
Trade	1,500	14
Service	2,200	15
Manufacturing	2,600	16
Public utilities	400	29
Transportation	1,500	48
Agriculture	4,400	55
Construction	2,500	93
Mining, quarrying, oil and gas wells	1,400	154

Working time lost during 1948 due to disabling injuries was about 275,000,000 man-days. The council said the loss was equivalent to the working time of approximately 1,000,000 men for a full year.

Occupational injuries cost the nation about \$2,650,000,000 last year, the council said. Of this amount about \$1,350,000,000 was the immediately visible costs to both workers and industry.

## A Summary of Reorganization in the Public Health Service

A thoroughgoing reorganization of the Public Health Service, Federal Security Agency, to permit the Service to keep pace administratively with changing concepts of public health and with current advances in public health practices has been approved by Surgeon General Leonard A. Scheele.

The changes, which bring the organization into closely-knit groupings in the respective areas of Public Health Service responsibility, were made after a year of study by a special Committee on Organization, headed by Deputy Surgeon General W. Palmer Dearing.

The reorganization regroups the various activities of the Service within the framework of the four previously existing bureaus so that closely related programs are brought together in a single over-all administrative unit. The four bureaus, which, in turn, are comprised of several divisions, are: Office of the Surgeon General, Bureau of State Service, Bureau of Medical Services, and the National Institutes of Health.

Changes include the consolidation of some previously existing administrative units, and the distribution of multiple functions formerly carried on by single units among several newly created divisions.

Under the reorganization, activities within the office of the Surgeon General are limited to the over-all staff or advisory functions of the service.

### BUREAU OF STATE SERVICES

The new structural plan brings together in the Bureau of State Services the federal-state and interstate programs of the service, and is intended to promote better coordination in programs with state and local communities. Activities of the bureau are carried on in three branches, each directed by an associate bureau chief under the general direction of the Bureau of State Services.

The three branches are: (1) Environmental Health Service, comprised of the Divisions of Sanitary Engineering, Industrial Hygiene, Water Pollution Control and the Environmental Health Center at Cincinnati; (2) Personal Health Services, consisting of the Divisions of Chronic Disease, Dental Public Health, Tuberculosis, Venereal Disease, and the Communicable Disease Center at Atlanta; (3) Administrative and Staff Services, made up of the Division of State Grants, the National Office of Vital Statistics, and the Offices of Public Health Nursing, Health Education and Administrative Management.

New divisions in the Personal Health Services branch are the Divisions of Chronic Disease, which, in recognition of the growing importance of the health

problems posed by chronic disease and the aging population, brings together existing programs in these fields into one unit; and Public Dental Health, established to carry on the growing public health responsibility in the dental health field. The major functions of these new divisions were previously located in the Division of States Relations which has been abolished.

### BUREAU OF MEDICAL SERVICES

The Bureau of Medical Services is concerned with services directed toward remedying individual medical needs, and is made up of programs of clinical care, evaluation of the Nation's health resources and aid in the construction of hospital facilities.

The bureau, which is under the direction of the chief of the bureau and several associate chiefs, is composed of the Divisions of Dental Resources, Nursing Resources, Medical and Hospital Resources, Federal Employees Health, Hospital Facilities, Foreign Quarantine, Hospitals and Administrative Services.

To facilitate the effective performance of the bureau's functions, the Divisions of Dentistry and Nursing, previously in the Office of the Surgeon General have been transferred to Medical Services, and the programs of these units have been strengthened. Similarly, the Division of Hospital Facilities, which administers the national hospital construction program, and which was previously in the Bureau of State Services, has been transferred to Medical Services to bring related programs together organization-wise. A new division, Hospital and Medical Resources, has been established in the bureau to strengthen studies and leadership in developing the medical resources of the Nation. The functions of this division, heretofore, have been carried on as a part of a number of service operations.

### REORGANIZATION ACCOMPLISHED OVER PERIOD OF MONTHS

The changes, which were made over a period of many months, were first effected in the National Institutes of Health, where reorganization was completed some time ago. The recently created Institute of Experimental Biology and Medicine and the Microbiological Institute resulted from the integration of several divisions and laboratories into coordinated units. The Mental Health Institute was established through the transfer to the National Institutes of the functions of the Division of Mental Hygiene, previously in the Bureau of Medical Services. Two additional institutes, the National Heart Institute and the Institute of Dental Research, have been established on authorization of the 80th Congress.

(From New Jersey Public Health News)

## New Law Tightens Regulations on Sale of Horse Meat

Stricter regulation of the sale of horse meat in California is called for under terms of legislation now in effect.\*

Horse meat may still be sold for animal or human consumption in this State, but not in stores or restaurants which deal in other meat or meat products for humans.

Here are the main provisions of the law:

### Uninspected Horse Meat

1. Must be labeled or tagged "Horse meat not inspected. For animal consumption only." Similar signs and placards must be posted by dealers.

2. Must be "decharacterized" by being sprinkled or mixed with charcoal for easy identification.

3. Cannot be sold by groceries, butcher shops, delicatessens or other stores which sell any other meat or meat products for human consumption.

4. Must be warehoused in plainly identified containers, rooms or floor areas which are separated from those where meat foodstuffs for human consumption are stored.

### Inspected Horse Meat

1. Unless forbidden by local ordinance, can be sold for human consumption, if so labeled and if identified as having been inspected by federal, state or municipal authorities.

2. Can be served only in restaurants displaying signs and menus which specify "horse meat served here," and which serve no other meats.

3. Cannot be sold by a store which sells uninspected horse meat.

\* Assembly Bill No. 2030, 1949 California Legislature.

## '49 Birth, Death Figures Up

Births and deaths in 1949 are still running ahead of 1948 figures in California for the first seven months of this year, according to a provisional tabulation by the Bureau of Records and Statistics, California Department of Public Health.

Marriages, however, have dropped off from 1948 totals.

Statistics for January through July of 1949 compared with a similar 1948 period are:

	<i>January to July</i>	
	<i>1948</i>	<i>1949</i>
Births registered	135,304	137,012
Deaths registered	58,833	59,179
Marriages registered	50,390	45,359

The National Safety Council says there is a slight difference between a drivers license and a hunting license. There is no open season on pedestrians.

## California Morbidity Report—August, 1949 Civilian Cases

Reportable diseases	Week ending					Total cases	5-yr. median	Total cases
	8-6	8-13	8-20	8-27	9-3			
Amebiasis (amoebic dysentery)	4	3	7	4	8	26		219
Anthrax			2			2		1
Botulism								
Chancroid	4	12	7	4	20	47		38
Chickenpox (varicella)	117	112	87	99	82	497	457	38,784
Cholera, Asiatic								
Coccidioidal granuloma	2		1	1	1	5		54
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum)								
Dengue			2		1	3		
Diarrhea of the newborn		7	5	8	5	30	68	36
Diphtheria	5	4	15	17	9	59	37	
Dysentery, bacillary	14							
Encephalitis, infectious	1	1			2	4	28	37
Epilepsy	58	34	43	48	30	213		1,623
Food poisoning	13				1	17		343
German measles (rubella)	47	34	38	34	30	183		17,277
Glanders								
Gonococcus infection	350	474	554	471	529	2,378	2,430	15,000
Granuloma inguinale				1		1		20
Influenza, epidemic	3	2	3	8		16	20	647
Jaundice, infectious	8	2			9	19		284
Leprosy				1		1		
Lymphogranuloma venereum (lymphogranuloma venereum, lymphogranuloma inguinale)	3	1	5	1	9	19		188
Malaria						1	14	18
Measles (rubeola)	139	94	68	56	79	436	724	41,049
Meningitis, meningococcic	7	5	2	3	6	23	24	28
Mumps (parotitis)	316	253	235	215	170	1,189	919	33,121
Paratyphoid fever, A, B & C	4	1	5	5	4	19		26
Plague								
Pneumonia, infectious	12	25	23	17	15	92	105	1,182
Poliomyelitis, acute anterior	115	114	119	112	95	555	138	1,200
Psittacosis	1					1		
Rabies, human								
Rabies, animal	2	3	3	4	3	17	17	19
Relapsing fever			1	2	2	5		1
Rheumatic fever	3	25	11	12	6	57		45
Rocky Mountain spotted fever								
Scarlet fever	20	30	17	13	14	94	220	2,456
Streptococci, sore throat	4	3	1	3	5	16		413
Smallpox (variola)								
Syphilis	223	236	282	281	231	1,253	1,555	10,289
Tetanus	2		1	2	1	6		36
Trachoma			2			2		1
Trichinosis	1		3		2	6		10
Tuberculosis, pulmonary	138	157	153	189	184	821	672	5,876
Tuberculosis, other forms	9	3	8	14	20	54	57	301
Tularemia				1		1		
Typhoid fever	1	3	4	2	2	12	16	67
Typhus fever				1		1		
Undulant fever (brucellosis)		2	4	1	6	13	20	75
Whooping cough (pertussis)	141	83	119	145	107	595	383	2,732
Yellow fever								
Spirochetal Jaundice								
								8,787
								176,46

### C. T. H. A. X-ray Truck

The mobile X-ray truck of the California Tuberculosis and Health Association took a total of 83,701 films, a record number, in 1948, according to the annual report of that organization.

The truck visited 22 counties during the year.

printed in CALIFORNIA STATE PRINTING OFFICE

9897-G 9-48 8200

